South Sudan ALMA Quarterly Report Quarter Two, 2017



Scorecard for Accountability and Action



Commodities Financed and Financial Control		
LLIN financing 2017 projection (% of need)		100
Public sector RDT financing 2017 projection (% of need)		44
Public sector ACT financing 2017 projection (% of need)	۲	62
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)	٠	1.4

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
Operational LLIN/IRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016)	10
Estimated % of children (0-14 years old) living with	

have access to antifectovital therapy (2010)	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	5
% deliveries assisted by skilled birth attendant	19
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	45
Vitamin A Coverage 2014 (2 doses)	18
DPT3 coverage 2016 (vaccination among 0-11 month olds)	45

Key



Target achieved or on track Progress but more effort required Not on track No data Not applicable



Malaria transmission in South Sudan is generally perennial, with moderate to high intensity.

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Malaria

Global Fund Update

The Global Fund announced that South Sudan will receive US\$ 86.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The malaria component is allocated a specific proportion of the total, that takes into account several factors, including disease burden and previous disbursements. For South Sudan this is calculated at US\$ 48.7 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. South Sudan is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

Progress

South Sudan has implemented iCCM at scale. The country has secured sufficient resources to achieve universal coverage of LLINs in 2017 and has achieved universal operational coverage of LLINs.

Impact

WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and a decrease of 20-40% in the malaria mortality rate for the period 2010 - 2015.

Key Challenge

• The lack of resources in the GF malaria allocation compared to previous allocations.

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to fill the other outstanding funding gaps	Q2 2017		The country submitted the GF funding application
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector. Identify and address the reasons for the declining performance	Q3 2013		There has been a 0.2 decrease in Cluster D CPIA

Previous Key Recommended Actions

South Sudan has responded positively to the recommended actions on insecticide resistance monitoring.

MNCH

Progress

South Sudan has recently increased coverage of the tracer MNCH intervention DPT3.

Previous Key Recommended Actions

South Sudan has responded positively to the recommended actions addressing low coverage of skilled birth attendants and DPT3, decreasing Vitamin A coverage and the lack of data for postnatal care. The country continues to track progress as these actions are implemented.

Key

